



SOWING SEEDS

Righteousness, Faith, & Mercy

2024 Camp Meeting Application

June 21st - June 29th

19088 Brownsville Street, Cassopolis, MI 49031 (269) 476-2550-Camp Office (269) 476-9904-Fax

Registration Period: May 2 – May 31, 2024

Name: _____ **AGE:** (Housing Applicant must be 25 or older) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: () _____ **Alternate Phone:** () _____

Email: _____ **Church Name:** _____

Vehicle License Plate #: _____ **Trailer License #:** _____

INDICATE DAYS YOU WILL BE ATTENDING: Fri. ____ Sat. ____ Sun. ____ Mon. ____ Tue. ____ Wed. ____ Thu. ____ Fri. ____ Sat. ____

YOUR EXPECTED **ARRIVAL:** Date/Time _____ **DEPARTURE:** Date/Time _____

ACCOMODATION SELECTION	PRICE PER DAY	BATHROOM STYLE	MAX OCCUPANCY
E, F, G, H CABINS	\$25	COMMUNITY	4
100-500 CABINS	\$35	PRIVATE	6
600 CABINS (SENIORS 70+)	\$35	PRIVATE	3 (NO CHILDREN)
TRAILER SPACE	\$30	(MONTHLY TRAILER STORAGE FEES ARE ADDITIONAL)	
9 – Day Meal Plan (18 Meals/ \$9.00 Per Meal) 2 Meals Per Day: <i>Breakfast/Dinner</i> (Friday – Saturday 6/21 – 6/29, 2024) All Ages (OPTIONAL)	\$162	Total Number of Meal Plans _____ Total Cost _____	
Individual Meal Ticket(s) Purchase (OPTIONAL)	Per Meal \$9.00	INDICATE TOTAL NUMBER OF MEALS PER DAY: Fri. _____ Sat. _____ Sun. _____ Mon. _____ Tue. _____ Wed. _____ Thu. _____ Fri. _____ Sat. _____ TOTAL MEALS _____ TOTAL COST _____	

***NEW* A \$25 Deposit will be required for your Cabin Key/Additional keys will require a \$15 Deposit; Returned Upon Checkout!**

***LIST the NAMES of ALL ADULTS and CHILDREN who will share accommodation.**

NAME	DOB	NAME	DOB
1.		3.	
2.		4.	

**NOTE: YOU MAY CHOOSE THE ON-LINE PAYMENT OPTION(S)
OR MAIL YOUR CHECK/MONEY ORDER (DEADLINE MAY 31, 2024) WITH THE APPLICATION, PAYABLE TO:**

LAKE REGION CONFERENCE
 ATTENTION: LRC 2024 CAMP MEETING
 19860 SOUTH LA GRANGE ROAD, MOKENA, ILLINOIS 60448
 CONTACT: (773) 846-2661 EXT. 212 or 111